

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5186HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2008
NAME OF PROVIDER OR SUPPLIER BEST SOLUTION HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 7245 SCOTSMOOR CRT LAS VEGAS, NV 89156		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comment This Statement of Deficiencies was generated as a result of an initial State Licensure survey conducted in your facility on August 21, 2008. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The following regulatory deficiencies were identified:	H 000		
H 019	Director Duties-Qualified Caregiver NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Based on interview and record review, the facility did not ensure that all caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid. (#1) Findings include: The file for Employee #1 did not contain evidence the employee had been trained in first aid and CPR. The Director (Employee #1) indicated that she did not have a current CPR/first aid card.	H 019		
H 033	Safety and Sanitation-First Aid Kit	H 033		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 033	<p>Continued From page 1</p> <p>NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249)</p> <p>2. A home must contain:</p> <p>(c) A first-aid kit;</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to insure that it met this requirement for safety.</p> <p>Findings include:</p> <p>No first aid kit was within the facility.</p>	H 033		

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